

COMPREHENSIVE HEALTH SERVICES, INC.
CAS Setup Form
FEDERAL INTERAGENCY WILDLAND FIREFIGHTERS

ALL information is required for CAS setup. Please fax this form to (703) 288-5482. Please print clearly. Thank you.

AGENCY:

UNIT IDENTIFIER CODE(S)
(must be 5 alpha characters)

<input type="checkbox"/> BIA (Bureau of Indian Affairs)	_____	_____	_____
<input type="checkbox"/> BLM (Bureau of Land Management)	_____	_____	_____
<input type="checkbox"/> FS (Forest Service)	_____	_____	_____
<input type="checkbox"/> FWS (Fish & Wildlife Service)	_____	_____	_____
<input type="checkbox"/> NPS (National Park Service)	_____	_____	_____

NAME: _____

LAST
FIRST

POSITION: ☐ FMO ☐ _____

☐ SHRO ☐ _____

NAME OF LOCATION: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

MAIN PHONE: _____

ESTIMATED NUMBER OF EXAMS YOU WILL BE REQUESTING _____

FOR CHS USE ONLY

DATE ENTERED CAS: _____ BY: _____

DATE ENTERED METS: _____ BY: _____

DATE ENTERED USER: _____ BY: _____

USER NAME:_____

PASSWORD: _____
(Minimum 6 characters)